

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/914422 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
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45						
46						
47						
48						
49						
50						
TOTAL ID.	1					
TOTAL DEP.	13					
TOTAL CLAIMS	14					

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS